

NC DIVISION OF AGING AND ADULT SERVICES
and
_____ AREA AGENCY ON AGING

MONITORING TOOL FOR HEALTH SCREENING SERVICES

Community Service Agency _____
Review Date: _____ State Fiscal Year _____
Interviewer: _____
Person(s) Interviewed and Title _____

PROGRAM ADMINISTRATION

Provisions of the Standard

1. The individuals served were
60 years of age or older. Yes___ No___
(Page 2 - Health Screening Service Standard)

Documentation verifying compliance: _____

Comments: _____

2. The agency has a method for
targeting services to those:
a. who were at the highest risk Yes___ No___
of health problems.
b. who have not sought Yes___ No___
primary medical care.
(Page 2 - Health Screening Service Standard)

Documentation verifying compliance: _____

Comments: _____

3. Operational procedures for health
screening services ensure individual
privacy at the facility where Health
Screening Services are provided.
(e.g. B/P not able to be viewed by
others, private room/area for physical
examination procedures, etc.) Yes___ No___
(Page 2 - Health Screening Service Standard)

Documentation verifying compliance: _____

Comments: _____

4. The following health screenings are offered:
- | | | |
|-------------------|---------|--------|
| a. Height | Yes ___ | No ___ |
| b. Weight | Yes ___ | No ___ |
| c. Blood Pressure | Yes ___ | No ___ |
| d. Visual Acuity | Yes ___ | No ___ |
- (Page 2 - Health Screening Service Standard)

Documentation verifying compliance: _____

Comments: _____

5. The agency has a medical history questionnaire for Health Screening participants to complete.
- Yes ___ No ___
- (Page 3 - Health Screening Service Standard)

Documentation verifying compliance: _____

Comments: _____

6. Individualized counseling is provided to the participants as needed or as potential problems are identified from screening tests.
- Yes ___ No ___
- (Page 3 - Health Screening Service Standard)

Documentation verifying compliance: _____

Comments: _____

7. The agency has a procedure for verifying that personnel providing services have the required license and/or registration as established by NC General Statutes. (i.e. verification of appropriate qualifications and/or license by current employer, physician's accepted/approved practice within the community, etc.)
- Yes ___ No ___
- (Page 3 - Health Screening Service Standard)

Documentation verifying compliance: _____

Comments: _____

8. A screening results form is maintained by the agency on each participant.
- Yes ___ No ___

(Page 3 - Health Screening Service Standard)

Documentation verifying compliance: _____

Comments: _____

RECOMMENDED HEALTH SCREENING SERVICES
(Not a required compliance item)

9. Health education activities and information are provided. Yes___ No___
(Page 2 - Health Screening Service Standard)

Documentation verifying activities: _____

Comments: _____

10. Additional Screening services offered.
- | | | |
|------------------------------|--------|-------|
| a. Hearing | Yes___ | No___ |
| b. Dental and Oral Hygiene | Yes___ | No___ |
| c. Glaucoma Screening | Yes___ | No___ |
| d. Foot Screening | Yes___ | No___ |
| e. Cervical Cancer | Yes___ | No___ |
| f. Stool for Occult Blood | Yes___ | No___ |
| g. TB Skin Test | Yes___ | No___ |
| h. Breast Cancer Examination | Yes___ | No___ |
| i. Self-Breast Exam Teaching | Yes___ | No___ |
| j. Blood Chemistry Profile | Yes___ | No___ |
| k. Hematocrit | Yes___ | No___ |
| l. Blood Sugar Testing | Yes___ | No___ |
| m. CBC | Yes___ | No___ |
| n. Other (please specify | Yes___ | No___ |
- (Pages 2 & 3 - Health Screening Service Standard)

Documentation verifying additional services offered: _____

Comments: _____

11. Follow-up is provided for individuals identified with health problems or those individuals at risk for the development of health problems. Yes___ No___
(Page 3 - Health Screening Service Standard)

Documentation of "follow-up" activities: _____

Comments: _____

Additional Comments: _____

Signature of AAA Administrator/DAAS Staff Date